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ABSTRACT

The Adolescent Attitude Survey (AAS) was developed and administered to 214 sixth and eighth graders, 79 from the Chicago (Illinois) Public Schools and 135 from a Chicago magnet school where subjects were more academically oriented and homogeneous. The instrument assessed the subjects' self-image, demographic variables, and factors associated with self-destructive ideation and attempts. Analysis indicated that, compared to magnet school subjects, the public school subjects reported significantly more family conflicts, exposure to suicidal models in the family peer group, depression, suicidal ideation, suicidal threats and attempts, substance abuse, and runaway behavior. Survey responses are seen as being supportive of the hypothesis that there is a significant group of "normal" adolescents who are at risk for self-destructive behaviors in association with a wide range of interpersonal conflicts and life stresses. The significant differences in AAS results betwen the public school and magnet school subejcts are seen as providing support to the hypothesis that such behaviors are differentially effected by the levels of interpersonal stress and conflict experienced by the adolescents. (11 references) (JDD)

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Self-Destructive Behavior In Public School Students

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It is hypothesized that adolescent suicide is only one of a number of self-destructive behavioral responses to intractable, chronic interpersonal stress and conflict, rather than being solely or specifically related to a psychiatric diagnosis of mental illness. Several studies have revealed that larger percentages (20% - 60%) of the public school population have reported suicidal ideation or attempts than are usually seen as being in need of mental health services (20%).

This hypothesis was used as the theoretical basis for the development of the 105-item Adolescent Attitude Survey (AAS) which was administered to 214 sixth and eighth graders from the Chicago Public Schools (79) and a Chicago Magnet School (135) to assess their self-image, demographic variables and factors associated with self-destructive ideation and attempts. Analysis and comparison of resultant data disclosed that the Public School Ss reported significantly ($P < .000$ - $P < .001$, ANOVA) more Family Conflicts, exposure to suicidal Models in the Family Peer Group, Depression, Suicidal Ideation, Threats and Attempts, Substance Abuse and Runaway Behavior than the more academically oriented and homogeneous Magnet School Ss.

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I. The Problem

Ongoing concern continues to be manifested in regards to the high rate of teen suicide and other self-destructive behaviors (Alcohol, 1989). Teen suicide has shown a 300% increase since 1960 (Peck, Farberow and Litman 1985), with comparable increases in the rates of teen pregnancy, substance abuse, and conduct problems. Although many of these adolescents have been reported to be mentally ill (depressed, schizophrenic, borderline personality disorder, etc.) there is a significant percentage of adolescents who experience and express self-destructive behavior, who have not met criteria for a psychiatric diagnosis.

Indeed, it has been agreed that there is a significant percentage of adolescents who have manifested suicidal behavior, who fail to meet any criteria for psychiatric disorder (Kovacs & Puig-Antich, 1989), that there is no specific relationship between suicidal behavior and any particular psychiatric diagnosis (Haberman & Garfinkel, 1988) and that from 20% - 60% of the non-clinical U.S. adolescent populations has experienced suicidal ideation (Smith & Crawford, 1986). This fact has resulted in the development of the view that adolescent self-destructive behavior should be viewed, at least in part, as having its etiology in environmental-individual situations and interactions, rather than wholly resulting from individual psychopathology.

The increase in the incidence and prevalence of adolescent suicide over the last 30 years has been related to significant changes in family structure and the supporting social fabric. These changes have been listed as including 1) Increase in number of single-parent families, 2) Focus upon the nuclear family as opposed to the extended family, 3) Increase in family mobility, 4) Increase in two-career (parent) families, 5) Decrease in speficity of identification of sex role characteristics, 6) Loss of relevance of life and work experience of parental generation to planning for and preparation of adolescent generation for their adult relationships and careers and 7) Increase

in divorce rate. Thus, it has been hypothesized (Ward,1988) that a significant portion of the increase in adolescent suicide should be related to a decrease in the availability of familial supportive and educative resources during a time of increasing complexity and rapidity of social, vocational and political change. Furthermore, it is hypothesized that the above-described societal and vocational changes have diminished the closeness of communication between parents and adolescents, with an emphasis being experienced by some adolescents as being upon perfor-mance rather than upon support, acceptance and being valued for themsolves, regardless of their level of performance. The hypothesis has been presented that adolescent self-destructive behaviors may be seen as problem-solving efforts, in response to chronic refractory interpersonal situations that have resulted in adolescents with negative self-image and a long-term pattern of self-blame for things that go wrong in their immediate environment (Ward, 1988; Brent, 1990).

Review of the background of suicidal adolescents has revealed a frequent pattern of 1) low self-esteem, 2) dysfunctional family affective support system and 3) patterns of self-blame whenever anything goes wrong in the immediate environment.

It has been hypothesized (Ward, 1988, 1990) that the above-described situation results in the development of a situation of extreme interpersonal stress that diminishes the adolescent's problem-solving capacity over an extended period of time. Research has demonstrated that stress results in a diminishing of the ability to see more than one answer to a problem (Shneidman, 1970; Ward, 1990), and this phenomenen of "cognitive narrowing" or "cognitive freeze" has been identified as the necessary precursor to suicidal behavior. In addition, other research has demonstrated a statistical association between the rates of adolescent suicides and the rates of such self-destructive behaviors as 1) Runaway Behavior, 2) Conduct Problems, 3) Substance Abuse, and 4) Teen Pregnancy; (Ward, 1987). It has been suggested that these self-destructive behaviors could be viewed as a hierarchy of responses to the hypothesized interpersonal conflict situations, with the failure to communicate the personal distress and create the desired change in that relationship resulting in the manifestation of the next level of such self-destructive behavior, culminating in either suicide or homicide.

II. Methodology:

A. Instrument

The above-listed perspective resulted in the development of the Adolescent Attitude Survey (AAS), a 105-item survey instrument whose structure, content and details of reliability have been presented elsewhere (Ward, 1989a, b, c); and which allows for the examination of demographic information, the gathering of information about and the experience of suicidal ideation and attempt, teen sexuality and pregnancy, substance abuse, assaultive behavior, runaway behavior, interpersonal conflict, social support system and self-image. The AAS has been developed for use with subjects 10 years of age and above.

B. Subjects

The Ss reported on were drawn from 2 schools of the Chicago Public School system and a Magnet School in the city of Chicago. A total of 79 girls and boys (Mean age of 13.6 and 13.3 years) were surveyed from the 6th and 8th grades of the two public schools (see Table III),

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INSERT TABLE III HERE

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along with 63 boys (Mean Age = 11.5 years old) and 72 girls (Mean Age = 11.5 years old) from the 5th through the eighth grades in the Magnet School (see Table IV).

INSERT TABLE IV HERE

III. Results:

Analysis of the AAS results for the 2 public schools showed significant correlations ($p < .01$ - $< .001$) among Suicidal Ideation and Attempts and Stress over 6 Months and 12 Months, Suicide Models In Environment, Suicide Models In Family, Family Conflict, Negative Affect, Depression and Substance Abuse (see Table I).

INSERT TABLE I HERE

Analysis of the AAS results from the 135 Magnet School Ss disclosed significant correlations ($p < .01$ - $p < .001$ among Suicidal Ideation, Attempts and Suicide Models in the Environment, Suicide Models in the Family, Negative Affect and Depression, with significant negative correlation ($p < .05$) with Social Support (see Table II). Comparisons between the Public School Ss'and

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INSERT TABLE II HERE

Magnet School Ss' responses revealed multiple scales on which they differed in their response to items. Chicago Public School Ss reported more stressful life events ($p < .0001$), more Family Conflict ($p < .0001$), more Suicidal Models In Families ($P < .0001$), more Avoidant Behavior ($p < .05$), a trend towards more

Negative Affect ($p < .07$), more Substance Abuse ($p < .0005$), more Depression ($p < .0005$), and more Suicide Ideation, Threats and Attempts ($p < .0001$) (See Table V). The only scaled variable on which the two groups of Ss did not differ was Self-Esteem, on which the Public School Ss scored nonsignificantly lower than the Magnet School Ss. The intercorrelations among the variables are similar for both the Public School Ss and Magnet School Ss, suggesting that the same variables are important regardless of subgroup membership.

INSERT TABLE V HERE

IV. Conclusions:

The results of the analysis of the AAS responses of 214 Chicago Public School and Magnet School Ss are seen as being indicative of the effectiveness of the AAS in demonstrating a relationship among the variables of interpersonal stress, familial conflict, models of suicidal threat and behavior and the self-destructive behaviors of 1) Suicidal ideation, threats and attempts; 2) Avoidant behavior such as running away; 3) Substance abuse; 4) Sexual acting-out including concerns about and becoming pregnant; and 5) Assaultive behavior. Inasmuch as these Ss were not identified as being "mentally ill", their responses are seen as being supportive of the hypothesis that there is a significant group of "normal" adolescents who are at risk for self-destructive behaviors in association with a wide range of interpersonal conflicts and life stresses.

The significant differences in AAS results between the Public School Ss and the Magnet School Ss in regards to self-destructive behaviors, are seen as providing support to the hypothesis that such behaviors are differentially effected by the levels of interpersonal stress and conflict experienced by the adolescents. Thus, those Ss who reported more stressful life events, family conflict, suicidal models in families and with peers and less social support were found to demonstrate more depression, substance abuse and suicidal ideation, threat and attempts. The study is seen as documenting a significant relationship between a group of previously identified self-destructive behaviors and those situations and stimuli that were hypothesized as being associated with the choice of these behaviors. In addition, the documented differences between these two groups strongly suggest that these factors could be used to more effectively identify those "normal" adolescents who are both at-risk for self-destructive behavior and to develop appropriate and effective programs of intervention. The difference between these two groups of adolescents suggests that further research is needed with different adolescent populations to determine the level of commonality among all adolescents as well as the possible differences among different racial and ethnic groups and social classes.

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ANALYSIS OF ADOLESCENT ATTITUDE SURVEY

CHICAGO PUBLIC SCHOOL Ss - (N=79)

CORRELATIONS OF RESPONSES

TABLE I

Correlations:	ESTEEM	SOCIAL	DEPRESS	NEGATIVE AFFECT	STRESS6	STRESS7
ESTEEM	1.0000	.1570	-.3021	-.2979	.0034	.1630
SOCIAL	.1570	1.0000	-.3871*	-.3900*	-.0384	.0085
DEPRESS	-.3021	-.3871*	1.0000	.9329**	.0834	.1483
NEG. AFFECT	-.2979	-.3900*	.9329**	1.0000	.1396	.1754
STRESS6	.0034	-.0384	.0834	.1396	1.0000	.6417**
STRESS7	.1630	.0085	.1483	.1754	.6417**	1.0000
STRESS12	.1048	-.0126	.1330	.1764	.8740**	.9335**
SCDMODEL	-.1287	-.0199	.2579	.2942	.0249	.1109
SUICIDE	-.0987	-.1595	.5133**	.6026**	.3637*	.3280*
SCDFAM	-.1145	.0574	.2343	.3122	.3066	.2527
CONDUCT	-.1579	-.0872	.2956	.2971	.0998	.0479
FAMCON	.0581	-.1578	.2985	.4135*	.4559**	.5490**
DRUG	.0000	-.1211	.3482*	.3291*	.1901	.2401
PSROSE	.0502	.0510	-.2152	-.2543	-.1903	-.3172
PSNEW	-.3166	.0798	-.0680	.0336	-.0500	.0363

Correlations:	STRESS12	SCHMODEL	SUICIDE	SCDFAM	CONDUCT	FAMCOM
ESTEEM	.1048	-.1287	-.0987	-.1145	-.1579	.0581
SOCIAL	-.0126	-.0199	-.1595	.0574	-.0872	-.1578
DEPRESS	.1330	.2579	.5133**	.2343	.2956	.2985
NEG. AFFECT	.1764	.2942	.6026**	.3122	.2971	.4135*
STRESS6	.8740**	.0249	.3637*	.3066	.0998	.4559**
STRESS7	.9335**	.1109	.3280	.2527	.0479	.5490**
STRESS12	1.0000	.0819	.3778*	.3035	.0770	.5609**
SCDMODEL	.0819	1.0000	.5930**	.6647**	.6687**	.3075
SUICIDE	.3778*	.5930**	1.0000	.5199**	.4014*	.5421**
SCDFAM	.3035	.6647**	.5199**	1.0000	.4158*	.4039*
CONDUCT	.0770	.6687**	.4014*	.4158*	1.0000	.2444
FAMCON	.5609**	.3075	.5421**	.4039*	.2444	1.0000
DRUG	.2410	.7206**	.6406**	.3865*	.6197**	.2289
PSROSE	-.2899	-.3479*	-.2052	-.3601*	-.3218	-.3511*
PSNEW	-.0004	.0487	.2361	.0089	.0067	.1469

* P < .01, 1 - Tailed Significance
** P < .001

ANALYSIS OF ADOLESCENT ATTITUDE SURVEY

MAGNET SCHOOL Ss (N=135)

CORRELATIONS OF RESPONSES

TABLE II

Correlations:	STRESS	SCDEMDL	SUICIDE	SCDEFAM	CONDUCT	ESTEEM
STRESS	1.0000	.4970**	.1239	.2764*	.2792*	.0057
SCDEMDL	.4970**	1.0000	.4409**	.6269**	.2268	-.1340
SUICIDE	.1239	.4409**	1.0000	.2981*	.1224	-.1896
SCDEFAM	.2764*	.6269**	.2981*	1.0000	.1099	-.0208
CONDUCT	.2792*	.2268	.1224	.1097	1.0000	-.0767
ESTEEM	.0057	-.1340	-.1896	-.0208	-.0767	1.0000
FAMCON	.3174**	.2004	.2126	.2824*	.2562*	.1204
DRUG	.2353	.2671*	.1501	.1331	.1796	.0283
DEPRESS	.2604*	.3352**	.4193**	.1476	.3920**	-.1087
NEG. AFFECT	.2965*	.3993*	.4532	.2371	.2976*	-.0346
SOCSUP	-.0620	-.1120	-.2604*	-.0893	-.3568**	.1832
AVOID	.1349	-.0677	.0795	-.0969	.0807	-.0539

Correlations:	FAMCON	DRUG	DEPRESS	NEGATIVE AFFECT	SOCSUP	AVOID
STRESS	.3174**	.2353	.2604*	.2965*	-.0620	.1349
SCDEMDL	.2004	.2671*	.3352**	.3993**	-.1120	-.0677
SUICIDE	.2126	.1501	.4193**	.4532**	-.2604*	.0795
SCDEFAM	.2824*	.1331	.1476	.2371	-.0893	-.0969
CONDUCT	.2562*	.1796	.3920**	.2976*	-.3568**	.0807
ESTEEM	.1204	.0283	-.1087	-.0346	.1832	-.0539
FAMCON	1.0000	.0602	.4011**	.3613**	-.29128	-.0457
DRUG	.0602	1.0000	.0290	.0969	-.0779	.1689
DEPRESS	.4011**	.0290	1.0000	.7825**	-.3881**	-.0588
NEG. AFFECT	.3613**	.0969	.7825**	1.0000	-.3452**	.0162
SOCSUP	-.2912*	-.0779	-.3881**	-.3452**	1.0000	-.0877
AVOID	-.0457	.2689	-.0588	.0162	-.0877	1.0000

* P < .01, 1 - Tailed Significance
** P < .001

AGE DISTRIBUTION

PUBLIC SCHOOL Ss (N-79)*

TABLE III

Number Male	Mean Age	Age Range	Number Female	Mean Age	Age Range
34	13.3 Yrs	11,8-15,4	47	13.6 Yrs	11,2-15 Yrs

* Complete AAS Questionnaires were available for analysis of 79 of 81 Ss.

MAGNET SCHOOL Ss (N=135)

AGE DISTRIBUTION

TABLE IV

	Number Male	Mean Age	Range	Number Female	Mean Age	Range
Class A	13	13.13 Yrs	12-14 Yrs	11	13.3 Yrs	12,11-14 Yrs
Class B	10	12.24 Yrs	11,11-12,8 Yrs	14	12.65 Yrs	11,2-12,1 Yrs
Class C	12	11.31 Yrs	11-11,9 Yrs	17	11.4 Yrs	10,6-12,3 Yrs
Class D	11	10.49 Yrs	10-10,11 Yrs	17	10.41 Yrs	9,11-10,11 Yrs
Class E	17	10.41 Yrs	10-11,1 Yrs	13	10.53 Yrs	10-11,6 Yrs
	63	11.5 Yrs	10-14 Yrs	72	11.5 Yrs	10-1

COMPARISON ON AAS SCALE RESPONSES BETWEEN

CHICAGO PUBLIC SCHOOL Ss (N=79 AND MAGNET SCHOOL Ss (N=135)

(ANOVA)

TABLE V

	Public School	Magnet School	Significance
Life Stress (12 Mos.)	3.6000	2.1493	.0001
Family Conflict	5.7895	4.3672	.0001
Suicidal Models In Family	3.5696	3.1353	.0001
Runaway Behavior	2.3205	2.1429	.05
Negative Affect	11.2250	10.4328	.07
Substance Abuse	10.1154	8.4688	.0005
Depression	12.8750	11.1970	.0005
Suicidal Behavior	5.5190	4.4519	.0001
Conduct Problems	14.4231	11.0310	.0001
Social Support	29.6533	31.4655	.034
Suicidal Models	10.9231	9.5308	.0001
Self Esteem	15.6125	15.8450	.598